

AO 440 (Rev. 10/93) Summons in a Civil Action

## RETURN OF SERVICE

|                                                                                                                                                                                                                                                   |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Service of the Summons and complaint was made by me <sup>(1)</sup>                                                                                                                                                                                | DATE <u>12/11/09</u>     |
| NAME OF SERVER (PRINT) <u>Heather McFeely</u>                                                                                                                                                                                                     | TITLE <u>Legal Asst.</u> |
| Check one box below to indicate appropriate method of service                                                                                                                                                                                     |                          |
| <input type="checkbox"/> Served personally upon the defendant. Place where served: _____                                                                                                                                                          |                          |
| <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.<br>Name of person with whom the summons and complaint were left: _____ |                          |
| <input type="checkbox"/> Returned unexecuted: _____                                                                                                                                                                                               |                          |
| <input checked="" type="checkbox"/> Other (specify): <u>Cert. Mail 7008 3230 0000 1652 7035</u>                                                                                                                                                   |                          |

## STATEMENT OF SERVICE FEES

| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|
|        |          |       |

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12/10/09 Heather McFeely  
 Date Signature of Server  
Prochniak Weisberg, P.C.  
7 S. Morton Ave.  
Morton, PA 19070  
 Address of Server

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bear Stearns Residential  
Mortgage Corp  
Corporation Trust Center  
1209 Orange St.  
Wilmington, DE 19801

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery DEC 10 2009

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7008 3230 0000 1652 7035

(1) As to who may